

CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

2614
A
CC

Mail Stop ____
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

on 10-10-2003

Sami O. Malas
Sami O. Malas

RECEIVED
OCT 23 2003
Technology Center 2600

In Re Application of:

Jerding, et al.

Serial No.: 09/590,488

Filed: 06/09/00

Confirmation No.: 2510

Group Art Unit: 2614

Examiner: Beliveau, Scott E.

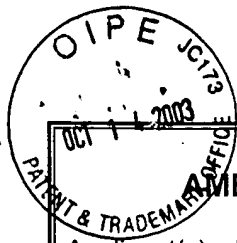
Docket No.: 191910-1540 (A-6600)

For: **User Interface Navigational System with Parental Control for Video-On-Demand System**

The following is a list of documents enclosed:

Return Postcard
Petition For Extension of Time
Amendment Transmittal
Amendment and Response
Credit Card Authorization - \$194.00

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

**AMENDMENT TRANSMITTAL LETTER (LARGE)**Applicant(s): **Jerding et al.**

Docket No.

A-6600Serial No.
09/590,488Filing Date
06/09/00Examiner
Beliveau, Scott E.Confirmation No.
2510Group Art Unit
2614Invention: **User Interface Navigational System with Parental Control for Video-On-Demand System****Commissioner for Patents
Mail Stop Amendment
P.O. Box 1450
Alexandria VA 22313-1450****RECEIVED****OCT 23 2003****Technology Center 2600**

Transmitted herewith is Amendment and Response in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
|--|---|--|--|--|-------------------|
| TOTAL CLAIMS | 28 - | 37 = | 0 | X \$18.00 | \$0.00 |
| INDEP. CLAIMS | 4 - | 3 = | 1 | X \$84.00 | \$84.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | \$140.00 | \$0.00 |
| EXTENSION FEE | 1 ST MONTH <input checked="" type="checkbox"/> 110.00 | 2 ND MONTH <input type="checkbox"/> 410.00 | 3 RD MONTH <input type="checkbox"/> 930.00 | 4 TH MONTH <input type="checkbox"/> 1,450.00 | \$110.00 |
| Other Fees: | | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$194.00 |

- ☐ No additional fee is required for the Amendment and Response.
- ☐ Please charge Deposit Account No. _____ in the amount of _____.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$194.00.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

Sami O. Malas

Sami O. Malas, Reg. No. 44,893

10-10-03

Date